

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND   |                |  |                  |
|---|----------------|--|------------------|
| 1 Date of Request: <u>3/23/05</u>   |                | 2 Serial/Patent # <u>10/517422</u>     |                  |
| 3 Please refund the following fee(s):                                       | 4 PAPER NUMBER | 5 DATE FILED                           | 6 AMOUNT         |
| <input checked="" type="checkbox"/> Filing <u>Fee Change</u>                |                |  | \$ <u>100.00</u> |
| <input type="checkbox"/> Amendment  |                |  | \$               |
| <input type="checkbox"/> Extension of Time                                  |                |  | \$               |
| <input type="checkbox"/> Notice of Appeal/Appeal                            |                |  | \$               |
| <input type="checkbox"/> Petition   |                |  | \$               |
| <input type="checkbox"/> Issue  |                |  | \$               |
| <input type="checkbox"/> Cert of Correction/Terminal Disc.                  |                |  | \$               |
| <input type="checkbox"/> Maintenance  |                |  | \$               |
| <input type="checkbox"/> Assignment   |                |  | \$               |
| <input type="checkbox"/> Other  |                |  | \$               |
| 7 TOTAL AMOUNT OF REFUND  |                |  | \$ <u>100.00</u> |
| 8 TO BE REFUNDED BY: <u>CC</u>  |                |  |                  |
| <input checked="" type="checkbox"/> Treasury Check                          |                |  |                  |
| <input checked="" type="checkbox"/> Credit Deposit A/C #: <u>119--48810</u> |                |  |                  |
| 10 REASON:  |                |  |                  |
| <input checked="" type="checkbox"/> Overpayment                             |                |  |                  |
| <input type="checkbox"/> Duplicate Payment                                  |                |  |                  |
| No Fee Due (Explanation):   |                |  |                  |
|   |                |  |                  |
| 11 REFUND REQUESTED BY:   |                |  |                  |
| TYPED/PRINTED NAME: <u>Rita White</u>                                       |                | TITLE: <u>Legal Assistant Examiner</u> |                  |
| SIGNATURE: <u>Rita White</u>  |                | PHONE: <u>7/308-9140 ext. 231</u>      |                  |
| OFFICE: <u>DO/EO</u>  |                |  |                  |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****                       |                |  |                  |
| APPROVED: _____   |                | DATE: _____                            |                  |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: